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CONFIRMATION NO. 8918

SERIAL NUMBER 10/657,734	FILING DATE 09/08/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 0050.2048-005
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/656,806 09/05/2003 ABN
which claims benefit of 60/409,090 09/06/2002
and claims benefit of 60/424,114 11/05/2002

BHT

** FOREIGN APPLICATIONS *****

NONE BHT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i>	Initials .		

ADDRESS

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TITLE

Needleless drug injection device

FILING FEE RECEIVED 1342	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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